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	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	o Ouman/Wise		
Preferred Wksp / INC Assign Wksp / QW: (Ass t Report by Pax / Haile			
TP Particulars: Veh No:	6336D. INC(ax:	
Owner / Driver: (asses. Hack	Tel:	· \	
	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
	[Note-Est Status (WO): N: 0-26		00%1	-
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1		<i></i>		Centure
General Remarks			1215 12 12 12	-
() Walk-In Customer : Customer's inf	formation strictly Confidential & Str	ictly NO refer of receiver	NAME OF THE PARTY OF	4.
() Total Loss Case : to e-mail Insu		iouy NO leter of repairer.		-
				
		owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done b	by '
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	16/09/2019 11:07
Date Of Accident	13/09/2019 21:10
Exact Location Of Accident	BEACH RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY572R
Insured/Policyholder	
Name Of Registered Owner	MOTOR STOP PTE LTD
Co Reg No	201311460D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSOR
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5096117766-01
Cover Note Number	
Driver	
Name of Driver	DERRICK NG CHOW LONG
NRIC No	T0025909D
Date Of Birth	26/07/2000

 NRIC No
 T0025909D

 Date Of Birth
 26/07/2000

 Occupation
 INDOOR

 Date Of Driving Pass
 14/01/2019

Driving Experience 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97254442

Fax Number

Contact Number OFFICE-97254442

EMail Address NOEMAIL

BLK 423 YISHUN AVENUE 11 Address

#05-550

760423 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FEMALE GENDER:

Details of Police Action

NO Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SFH6336D

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)
 understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Da

Rea No. 2013114601

& Time:

Driver's Signature

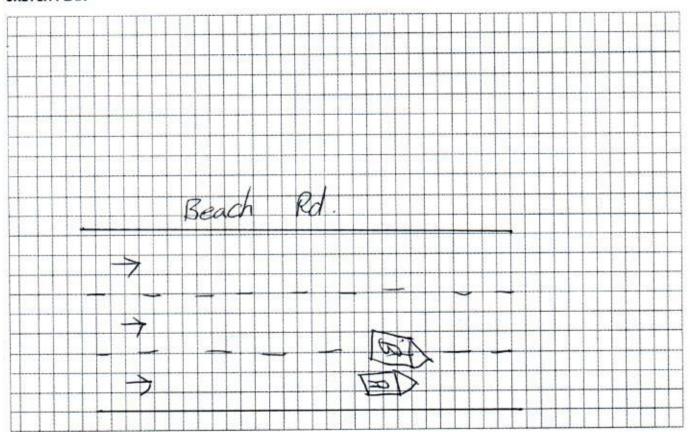
(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT					
At me	ntioned Do	te a	and Tim	e, 1	Was	
driving my	vehicle	(A)	along	Beach	Ro	,
suddenly v	lehide (B)	cut	into	му	lane	e and
ihit into	ny left	porti	01.			
				A: .	21 X	572 R
	Ell-			3:5	FH	6336 D

DECLARATION

I/We declare the foregoing particulars are true in every respect. Reg. No. 2013114600

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 09/2019 (dd/mm/yy)	Time of Accident: 21: 10 (24-HR-FORMAT)
Vehicle No. : STY STZ Rvehicle Mai	ke & Model:
Exact location of Accident: Beach	Rd.
Exact location of Accident:	51 11 0 12 1 0 1 2 1 1 1 1 2 1 1 1 1 1 1
Policyholder's Name / IC No. : 10 Tor	Stop Ate Hd 201311460D
Driver's Name / IC No. : Ng Ch	ow long Too 25909 (As Above)
	Company Contact No (Company Veh Only):
Driver's Address:	
20 CONTROL OF THE PARTY OF THE	Insurance Company:NTUC
Email address :	
Relationship between Owner & Driver: (Please	: CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sib	oling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one	only)
Own Insurance / Other Vehicle (The or	ne you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle	
Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver); 02
	Gender: Male Female *Passange
*Passanger Name:	Gender: Male / Female
	- Committee of the Comm
Weather condition & Road conditions? (On the	e day of accident)
District & West D	After-Rain & Wet / Drizzling & Wet / Others:
Clear & Dry / Kaining & wet / C	
Was there any video captured by your Car Ca	mera? Yes / No
Any Injuries: Yes / No (If YES) 1	
Injuries Sustain:	Injured Person in Which Vehicle:
	f YES) Which Police Station:
Police Report filed: Yes / No (I	1 1ES) Which I three charters
	The Other Party(s) Details:
	WALLEN SEN 63367
1. Driver's Name / IC No:	Vehicle No: <u>SFH 63361</u>
	Insurance Company :
Driver's Contact No:	
2. Driver's Name / IC No (If Any):	Vehicle No:
D. J. Control No.	Insurance Company :
Driver's Contact No:	0
*Independent Witness (If Any):	Contact No:
Professed Workshop Name:	Contact No:
Deathered WOFKShift IVAIIIE.	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096117766-01

Cover : Third Party

Index mark and Registration Number of Vehicle

SJY572R

Chassis Number

2. Name of Policyholder

: WDD2040412A128941 : MOTOR STOP PTE. LTD.

3. Effective Date of Insurance

: 21 Nov 2018

4. Expiry Date of Insurance

: 20 Nov 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: N/A **EXCESS (SECTION 1)** : \$\$1,500 EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS · NO REPAIR AT OWNER'S PREFERRED WORKSHOP : N/A INSURE WITH COE : NO NCD PROTECTION : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue

: 20 Nov 2018 17:36 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

eBao Tech									(SeneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change P	assword	Log Out
My Desktop	Poli	cy Query									*
Notice of Loss	Policy N	lo.	3			Date of A	ocident	13/0	9/2019 21:10		
	Vehicle	No.(For Motor)	SJY572R		- 0	Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096117766- 01		MOTOR STOP PTE, LTD.	201311460D	GFT	Third Party	SJY572R	SJY572R	21/11/2018	
	_	0.000		5.000 (4.000)	Con	tinue					

Policy No.	5096117766-01	Policyholder MOTOR ST		STOP PTE. LTD. Policyholder NRIC		201311460D		
Certificate No.		0.2002						
Address	8 KAKI BUKIT AVENUE 4 #01-0	7 PREMIER @	KAKI BUK	IT SINGAPORE 415875				
Product PLEET INSURANCE Policy 20/11/2018		Plan			Group Policy Flag	N		
		Effective Date	21/11/20	018 00:00	Expiry Date	20/11/2019	23:59	
Excess Type		All Claims Excess						
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess	
Agent Co- insurance Flag	IVAN INSURANCE AGENCY PTE.	. Agent Fell	6440022		GST Flag	2.5		
Open Policy Info Certificate Info	older Mailing Address							
Policy Info Certificate Info Policyh	older Mailing Address 8 KAKI BUKIT AVENUE 4	Addre	ess 2	#01-07 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875	
Policy Info Certificate Info			ss 2	#01-07 PREMIER @ Singapore address		Address 3 Post Code	SINGAPORE 415875 415875	
Policy Info Certificate Info Policyh Address 1		Addre	ss Type ed Policy				3/30 cd (septem)	
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Addre Relate	ss Type ed Policy	Singapore address			3/30 cd (septem)	
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 01-07 d Object: SJY572R	Addre Relate	ss Type ed Policy	Singapore address			36-00 colleged (2-2)	
Policy Info Certificate info Policyh Address 1 Address 4 Unit No. Insure	8 KAKI BUKIT AVENUE 4 01-07 d Object: SJY572R ements	Addre Relate	ess Type ed Policy er	Singapore address			N-Witherites V	

Accident MT/1062520									
Policy No.	5096117766-01	Vehicle No.	SJY572R			SST Registration N	io.		
Certificate No.									
Policyholder Name	MOTOR STOP PTE. LTD.				Ė	Policyholder NR3C		20131146	do.
roduct Code	PLEET INSURANCE	Cover Type	Third Party			oading		0	
Contact No. (Mobile)	0	Contact No.(Office)	0			Contact No.(Home))	0	
mali Address		Special Remark				rCode		N. V	
0FK	® No ○ Yes	TCA	® No ○Ye	*		Code Reason			
ICD Protection	Na	NCD Entitlement(%)	0			rivate Hire		No	
Accident Details									
Report Date	16/09/2019 11:17	Accident Report Within 24 hrs	Yes		4	Accident Type		Collision -	Change / Cross lane
Date of Accident	13/09/2019	Time of Accident hh:mm	21:10		9	Country of Acciden		Singapore	
leporting Centre		Orange Force			1	ICM No.			
ocident Location	BEACH RD								
♥ Excess									
Own damage Excess	0.00	Additional Excess	0		,	Windscreen Excess		0.00	
innamed Driver Excess		Outside Singapore OD Excess		0.00					
hard Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00					
₩ Benefits									
♥ GST Registered Informa	ition								
ST Registered	No			Registration Date					
ST Registration No.			GST	Status Verified		Yes			
odification History									
	2004								
Policyholder Mailing Ad									
ddress 1	8 KAKI BUKIT AVENUE 4	Address 2		MIER @ KAKI BUKI		Address 3		SINGAPOR	E 415875
iddress 4		Address Type	Singapore a		-	Post Code		415875	
init No.	01-07	Related Policy Number	511015383	7					
♥ OI Driver Info									
Inver Name	Unnamed Driver	Driver Type	Unnamed Dr						
Innamed driver Name	DERRICK NG CHOW LONG	Driver NRIC	T0025909D			Driver DOB		26/07/200	00
legister Date of Driver License		Driver Age	19			Oriving Expenence		0	
ontact No. (Mobile)	97254442	Contact No.(Office)	0			Contact No.(Home)	9	0	
ddress 1	BLK 423	Address 2	YISHUN AVI			Address 3		SINGAPOR	IE 760423
ddress 4		Address Type	Singapore a	ddress		Post Code		760423	
	05-550								
Does he own a Singapore	05-550 ○ Yes ® No	Driver Vehicle No.			Ċ	Oriver Insurer Com	ngany		
Unit No. Does he own a Singapore Registered car?		Driver Vehicle No.			c	Oriver Insurer Com	gany		
Does he own a Singapore Registered car? Declaration	○ Yes ® No	NEW 2017	102032894.0		C	Onver Insurer Com	ngany	H	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Driver Vehicle No. Any injury?	○ Yes ® N	10	c	Oriver Insurer Com	ngany	H	
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